

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11622

Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 558
(b) Township Union Primary Registration District No. 569A Registered No. _____
(c) City Anderson (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT-FULL NAME Elsie Lorene Edmondson

(a) Residence, No. R.F.D. St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Edmondson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sent. 18, 1915
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 6 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11.1.1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Anderson (STATE OR COUNTRY) Missouri

13. NAME Wallace Crowe
14. BIRTHPLACE (CITY OR TOWN) Belmont (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Lizzie Cawvey
16. BIRTHPLACE (CITY OR TOWN) Fulton County (STATE OR COUNTRY) Arkansas

17. INFORMANT Harry Edmondson (ADDRESS) Anderson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson, Mo. DATE 3-25-40

19. FUNERAL DIRECTOR (NAME) M. D. Snow, Tatum Funer. (ADDRESS) Anderson, Mo.

20. FILED 42 1940 Mrs. Lee Harper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1939 to March 23, 1940

I last saw him alive on Dec 5, 1939 Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

Spinal Cord Tumor (Ependymoma) Date of onset Aug. 1939

Other contributory causes of importance: 55'6"

Name of operation Lumpectomy Date of Nov 8, 1939
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Melvin C. Bowman M. D.
(Address) Neosho, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 440-297

Date Filed APR 9 1940

RECEIVED

District Health Officer No. 10

District File Number

Date Filed APR 4 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed M. W. Snow

Licensed Embalmer No. 4034

P. O. Address Anderson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.